

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 137
Registered No. 443

1. PLACE OF BIRTH

County Essex State Oregon
District or Township _____ or Village _____
City Miami No. 718 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guadalupe Apodaca { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Jan. 3-1926
Month Day Year

8. FATHER
Full name David Apodaca
9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 32 (Years)
12. Birthplace (city or place) Tucson
(State or country) Ariz.
13. Occupation Miner
Nature of Industry _____

14. MOTHER
Full maiden name Julia Perez
15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Mexico
(State or country) _____
19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead 1
(c) Stillborn none
21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9:20 a.m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature P. J. Joteland
Miami Ariz.
(Physician or midwife)

Given name added from a supplemental report _____ Address _____
Month, day, year

Registrar

Filed Jan 12, 1926 P. E. J. Joteland
Registrar

711-103-179